Plaintiff
Jackie Fisher's

Response in Opposition
to Defendants'

Motion for
Summary
Judgment

EXHIBIT
37

UTMB
The University of Texas Medical Branch

**Estelle High Security
Nursing Meeting
October 21, 2005
Presenter: Jackie Fisher, RN, NM**

1. **Attendance**
   A. Tardies-Arrive an hour late or greater is a tardy occurrence.
   B. ULO-Leave work with supervisor's approval is a scheduled occurrence.
   C. Scheduled –Doctor appointments (Spouse, children, relatives, etc...) you must provide a doctor's note upon return to work.

2. **Retention Records**
   A. Glucometer QC
   B. Crash Cart
   C. Daily Assignment Sheets
   D. Sharps/Needle Counts
   E. ER Records
   F. Narcotic Logs

3. **EMS Transportation (E-mail 08/30/2005)**
   A. Call CMC-EMS
   B. Record name of transportation service on ER Record

4. **Scheduled LOA**
   A. Due by 15th of each month
   B. Return at time of schedule completion
   C. ULO-Complete and submit LOA to my box upon return

5. **UOF**
   A. Policy # E-34.3

6. **Segregation Rounds**
   A. Facility Leadership QI/QM
      1. Complaint
      2. Disposition
      3. Documentation

7. **EKG Machine**
   A. Red Outlet
   B. Unplugged-Reprogram configuration by calling CompuMed Technician

8. **Grievances**
   A. Patterns
   B. Behaviors

UTMB

The University of Texas Medical Branch

Estelle RMF
Nursing Meeting
November 28 & 30, 2005
Presenter: Jackie Fisher, RN, NM

1. **Attendance**
   A. Tardies-Arrive an hour late or greater is a tardy occurrence.
   B. Leave work with supervisor's approval is a scheduled occurrence.
   C. Scheduled Shift –Request off for Doctor appointments (Spouse, children, relatives, etc...) you must provide a doctor's note upon return to work.
   D. Attendance Standards-Revision Pending

2. **Retention Records**
   A. Glucometer QC
   B. Crash Cart
   C. Daily Assignment Sheets
   D. Sharps/Needle Counts
   E. ER Records
   F. Narcotic Logs

3. **EMS Transportation (E-mail 08/30/2005)**
   A. Call CMC-EMS
   B. Record name of transportation service on ER Record

4. **Leave Requests**
   A. Due by 15th of each month
   B. Return at time of schedule completion
   C. ULO-Complete and submit LOA to my box upon return

5. **Medication/ Pill Room**
   A. Assigned Shift Responsibilities
   B. Audits-Trends, individuals

6. **Shift Assignments**
   A. PCA's / NA's
   B. ER Nurses

7. **SAFP**
   A. CMA or Nurse to give insulin, effective 12/01/2005

8. **Supplies**
   A. Ordering
   B. Para Levels

9. **IP Reminders**
   A. Lab
   B. X-Ray
   C. Nursing Reminders

10. **Personal Items**

11. **New Staff**
    A. Ms. Cotton, RN
    B. Ms. Burns, PCA
    C. Ms. Walker, NA

Attendance Roster
NOVERMBER'S NURSING STAFF MEETING

Emplyoee's Name	Employee ID #
Patricia Pope	173000
(illegible)	201442
Harris CMA	179569
B. Jacobs	186851
Inpang	152564
P. Garrey	171669
C. Nuit	205330
(illegible)	223539
Caroline Brantley	65354
Tabatha Bruns	148416
David Nevins	201429
T. Mosley	66498
L. Shaw	136023
(illegible)	206953
M. J. Clifford	223535
E. Archambeault	223009
K. Bates (WN)	219678
A. Castro	65717
M. Franks Lvn	147451
P. Crsdan LVN	219150
K. Wretta	66506
D. Mankgema	94399
Meette Gray	118120
(illegible)	179728
K. Reagor	219689

Attendance Roster
NOVERMBER'S NURSING STAFF MEETING

Emplyoee's Name	Employee ID #
JM Cleeg	65169
K Bowlin	219678
M Anderson RN	63120
A. Castro LVN	65717
M Craft PCA	222597
Valerie Massie PCA	1635882
J. Moening	152590
Mattie Frey	118120
Barbera Su	65348
Barter	166287
Paulut	663226
Reynolds LVN	LB81
Mu Cuvay	63252
Farley	64298
O. Burchardt RN	221001
E. Short LVN	42934
R. SEVILLA	714146

```
------------------------------ SYSM INBASKET MESSAGE REVIEW --------------------
User ID: JFI1990
Enter Command ===>                                      03:38pm - Tue, Aug 30,


To:      JFI1990 - FISHER, JACKIE
From:    EHUHA01 - ESTELLE-MEDICAL-ADMINISTRATIO        Message ID: 241344
Subject: 911 TRANSPORT                                 Date Sent:  08/30/(
                                    Priority: 000       Time Sent:  03:06pm

PLEASE BE ADVISED THAT CORRECTIONAL MANAGED CARE EMS DISPATCH MUST BE
CALLED (936-294-0739) FOR ALL 911 CALLS.  WE ARE NO LONGER ALLOWED TO
DIRECTLY CALL 911. ANY 911 TRANSPORTS IDENTIFIED AS NOT BEING
COORDINATED BY CMC-EMS DISPATCH WILL RESULT IN THE EXPENDITURE BE
CHARGED TO THIS FACILITY BUDGET.  YOUR HELP IN THIS MATTER WILL BE
GREATLY APPRECIATED.

WILLIAM SAMARNEH
PRACTICE MANAGER
REGIONAL MEDICAL FACILITY

Sent to:   TMO4642          MORGAN, TIM                   (to)
           SRI4827          RICH, STEVEN N.               (to)
           KWH5390          WHEAT, K.R.                   (to)

COMMANDS: Ans TRa Read DEFer FILe POst View EDit DEL PUT QUE DCal Print Hel
```

Date: 08/31/2005 08:23
From: JACKLYN FISHER
To: MARIANNE ANDERSON(E); ANN DARBY E(E); DAVID SWINEHART E(E);
WENDY MOREAU M(E); NANCY LOWDER C(E); LEIGH GOSSETT E(E); GAIL
MACCARTNEY E(E); VICTOR AGUILAR A(E);
Subject: Tranfers
Re: Administrative

When transferring via ambulance, include the name of the transportation service- eg..
UTMB-CMC EMS, Med Pro etc. on the ER sheet. This will help
track the process of EMS transportation transfers.

Any questions, please let me.

UTMB
The University of Texas Medical Branch

Estelle RMF
Nursing Meeting
January 27& January 30, 2006
Presenter: Jackie Fisher, RN, NM

1. **New Staff**
- Ms. Archie, NA
- Ms. Heath, RN

2. **Formulary Update**
- January 2006, handout

3. **Missing Medication**
- Email to Pharmacy
- (Email 03/25/2005)
- Dest-EPPRD29

4. **Geri-Center/SAFP**
- Expired medication
- Sharp/Needle Log
- Doors Locked

5. **Temperature Logs**
- Daily

6. **Print Passes**
- AM Shift (Q Sunday's)

7. **Timesheet**
- (E-mail 01/25/2006)

8. **Mandatory Training's**
- Five courses
- Internet-Staffing Training-UTMB Mandatory Training
- Handout

9. **Safety Training (CLP)**
- 13 Topics available
- 12 Hours required per year
- Self pace
- Register once.
- If you forget your password, call 936-437-4216

10. **IV Therapy Classes**
- (Email 12/20/2005)

FISHER-100183

UTMB
The University of Texas Medical Branch

Estelle RMF
Nursing Meeting
January 27& January 30, 2006
Presenter: Jackie Fisher, RN, NM

11. Code
- ER Record
- Clinic Notation
- Code Sheet (attached)

12. Returns/Admissions
- Admission assessments

13. Offsite Transfer Review
- Email-Template-Administrative

14. CMA Annual Updates
- Quarterly
- Classroom Participation (Email 12/2005)

15. Narrative Charting
- SOP Format (Email 12/22/2005)

16. CARS
- Clinical Acuity Rating System (Email 10/08/2005)

17. ECU Rounds
- Vitals
- Print Pass-Compliance %

18. Medical Waste Management
- Handouts

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User ID: JFI1990
Enter Command ===>                                        03:38pm - Tue, Aug 30,

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WILLIAM SAMARNEH
PRACTICE MANAGER
REGIONAL MEDICAL FACILITY

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           SRI4827        RICH, STEVEN N.              (to)
           KWH5390        WHEAT, K.R.                  (to)
                                                       (to)
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Date: 08/31/2005 08:23
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To: MARIANNE ANDERSON(E); ANN DARBY E(E); DAVID SWINEHART E(E);
WENDY MOREAU M(E); NANCY LOWDER C(E); LEIGH GOSSETT E(E); GAIL
MACCARTNEY E(E); VICTOR AGUILAR A(E);
Subject: Tranfers
Re: Administrative

When transferring via ambulance, include the name of the transportation service- eg..
UTMB-CMC EMS, Med Pro etc. on the ER sheet. This will help
track the process of EMS transportation transfers.

Any questions, please let me.

Date: 03/25/2005 10:40
From: DAVID WATSON
To: CNMS & ANMS(E); MARTY HARRIS L(E);
Cc: GLENDA ADAMS(E);
Subject: Missing Medicatioons and Missed Doses
Re: Administrative

TO: All HVC Nurse Managers and Assistant Nurse Managers

Recently a situation arose along with a question regarding missing doses and/or missing
medications (in summary) Is a new order needed from the provider or can we use the
same order? Etc.

Rob Sandman wrote an excellent reply to address the questions. I wanted to share that
with those of you who would not have otherwise come accross this information. Please
review and/or print out his mesage for further reference if needed.

Thanks
David

From: ROBERT SANDMANN
Subject: RE: Missing Medications.
Re: Administrative

Hello,

The policy was just rewritten to specifically address this issue. Hopefully, an updated
version will be around soon.

In most instances a new provider order is not needed. Simply have the clerk reenter the
original order for the time period reimaining. The exception would be if the order has
already expired and the patient never received the medication and still needs it. Then a
new order (because the patient likely should be evaluated for if the medication is still
needed) would need to be rewritten. An example of this would be for an antibiotic order
for 7 days, but it is realized 10 days later that the patient never received the antibiotic.
Since the order would have expired 3 days earlier (since it is 10 days after a 7 day order in
this example), then a new provider evaluation/order would be needed.

There is another step, however, that I want to emphasize. If the pill window identifies
the missing medications prior to the passing of the 7 days after the order has been entered,
the missing medication should never get to the reenter or reorder point. If the pill window
appropriately identifies a missing medication in time, then all that needs to be done (see
the missing med policy for the specifics) is that a missing med email is sent to the
pharmacy and a new order or pill pack will be sent out, no need to reenter or reorder
anything. Autorenews are now set 5 days prior to the refill date, meaning all renewals

Date: 01/03/2006 09:09
From: GAIL MACCARTNEY
To: RMF NURSING GROUP(E);
Subject: safp
Re: Administrative

Whoever does the pm pill line/insulin line at SAFP is responsible for signing the signature page of the sharps book (inc weekends) and on the weekends is also responsible for checking the refrigerator temp and logging it on the refrigerator temp page located in the sharps book directly behind the signature sheet. Also, when you bring medications to SAFP, please put them away, and return the expired medication boxes to the pharmacy. The ER nurse can give you the key to the pharmacy to put the boxes away. Thanks, GM

Date: 01/25/2006 13:18
From: WILLIAM SAMARNEH
To: ESTELLE COMPLEX - ALL DEPARTMENTS(E);
Subject: TIME
Re: Administrative

Due to the new labor level conversion in the Kronos time system which is to take place on January 28th, all time must be entered by 5:00 p.m. Friday, January 27th.

Please have your timebooks to the timekeeper no later than 9:00 a.m. Friday morning. If you will be working Friday, please fill in your projected hours for Friday. If those hours change and you don't work, leave early or stay late, changes will need to be submitted first thing Monday morning.

Please refer to my e-mail that was sent yesterday. It is the employee's responsibility to report his/her time correctly and the supervisor's responsibility to review and approve time before the timekeeper enters the time. Please insure that your timesheets are filled out completely, accurately and legibly, as time will be entered exactly by what is recorded on the timesheet. If leave time is taken, please indicate what accruals you would like to use on your timesheet and attach a leave request. Timesheets and leave requests need to have all the proper signatures as well.

Also, supervisors, if you are using scheduled/unscheduled please be sure it is indicated on the timesheet or leave request.

Thank you for your cooperation during these changes.

UTMB MANDATORY TRAINING UPDATE

There are currently five courses that are required for CMC employees:

Annual Required Training (yearly)

Clinical Compliance Training (yearly)

Universal Precautions (yearly)

Healthcare Fire and Safety Part 1 & 2 (yearly)

Information Protection (added 12/20/05) (every 3 years) - this course is set up like the Clinical Compliance Training whereby the user has to hover or click wherever indicated before they can move to the next page.

Each mandatory course can also count for one hour towards the employees' ACA requirement of 40 hours.

Most of these courses should be automatically assigned when the employee is entered into the system, however, if one does not, the manager assigned to monitor user assignments should add any courses that do not auto assign.

Also, if a user has a past due assignment, they have to complete that assignment before they will see their new fiscal year assignments.

Case in point: Had a call from a facility today that a manager had added two of the required topics to the user but they didn't show up on the the users' course assignments page. Only the course, Information Protection, was showing up there. That user had been hired 9/21/05 and even though the course Information Protection was not available until this week, it still showed as past due because it should have been completed within 30 days of hire (10/21/05). So, if you have assigned courses and they are not showing up on the users' assignments page, watch for this particular instance with Information Protection.

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------------------------------ SISM INBASKET MESSAGE REVIEW --------------------
User ID: EHUHA01                 ·
Enter Command ===>                                09:35am - Tue, Dec 20,
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To:        EHUHA01 - ESTELLE-MEDICAL-ADMINISTRATIO      Message ID: 049097
   om:     SWI7101 - WILLIFORD, SHERRY                  Date Sent:  12/20/0
Subject:   IV THERAPY                  Priority: 000    Time Sent:   09:33am
```

IN COMPLIANCE WITH THE TEXAS BOARD OF NURSE EXAMINERS, DEPD WILL BE
PROVIDING IV THERAPY CLASSES IN JANUARY. ALL LVN'S ARE REQUIRED TO
HAVE IV THERAPY TRAINING BEFORE STARTING IV'S. THE CLASS IS ALSO OPEN
TO ALL NURSES THAT WOULD LIKE TO ATTEND. PLEASE CHECK THE DEPD ONLINE
SCHEDULE FOR CLASSES IN YOUR AREA.

```
Sent to:   DCA1793          CASON, DICK                      (to)
           SZE8805          ZEPEDA, STEPHANIE                (to)
           DENTAL-UTMB      <list>                           (to)
           NURSE-UTMB       <list>                           (to)
           PSYCH-UTMB       <list>                           (to)
           REG-AUTHOR       <list>                           (to)
           REG-NURSE        <list>                           (to)
           REGIONALUHA      <list>                           (to)
                                                             (to)
```

COMMANDS: Ans TRa Read DEFer FILe POst View EDit DEL PUT QUE DCal Print Hel

RECORD OF TIME KEEPING DURING A CODE

DATE: _____   STAFF IN ATTENDANCE: _____

NAME: _____   _____

TDCJ #: _____   _____

                                        _____

ACTION	TIME	COMMENTS (NAME OF STAFF)

CPR INITIATED:

CPR IN PROGRESS DURING TRANSPORTATION: YES / NO

AIRWAY:

APPLICATION OF MONITOR:

DEFIBRILLATION:
   1ST

   2ND

   3RD

I.V. STARTED: LOCATION:

EMS NOTIFIED:

EMS ARRIVED:

PHYSICIAN NOTIFIED:

PHYSICIAN ARRIVED:

MEDICATION:
   1ST DOSE

   2ND DOSE

   3RD DOSE

   4TH DOSE

   5TH DOSE

CPR DISCONTINUED:

PATIENT TRANSFERRED:

FISHER-100191

Fisher, Jacklyn L.

From:	Box, Denise K.
To:	Adams, Mary C.; Bonds, Joyce D.; Fisher, Jacklyn L.; Roddey, Kimberly A.; David, Laura D.; Mason, Norma F.; Wright, Lavina D.

Sent: Tue 12/20/2005 1:35 PM

Cc:

Subject: FW: CMA Annual Update Training

Attachments:

-----Original Message-----
From: Williford, Sherry D.
Sent: Mon 12/19/2005 4:31 PM
To: Saxon, Isaac J.; Davis, Mark A.; Williams, Anthony K.; Smock, Stephen R.; Eubank, Gary J.; Gotcher, Mary L.; Warren, Carol A.; Watson, David W.; West, Timothy E.; Box, Denise K.; Strunk, Paul E.; Allen, Melissa A.; Halbrook, Earl L.; Jones, Catherine A.; Zeller, Delanne ; Robison, Justin R.; Lopez, Roy C.; Smith, John H.
Cc: Schneider, Bryan ; Williams, Larry W.; Zepeda, Stephanie D.; Collins, Roger N.; Cason, Dick M.; Lucherk, Patsy L.; Burns, Royce G.; Wells, Albert D.; Dupuy, Leslie E.; D'Cunha, Lisa A.; Ferrara, Sandra; Adams, Charles D.; Adams, Glenda M.
Subject: CMA Annual Update Training

The Certified Medication Aide (CMA) Annual Update Training will no longer be held via DMS. Their program will be held six times per quarter. Please check the DEPD online schedule for classes in your area. Students should be scheduled to attend before their certification is about to expire.

https://webmail.utmb.ed...:%20CMA%20Annual%20Update%20Training.EML?Cmd=ope   12/30/2005

Fisher, Jacklyn L.

From:	Watson, David W. **Sent:** Thu 12/22/2005 8:53 AM
To:	Mason, Norma F.; Wright, Lavina D.; David, Laura D.; Fisher, Jacklyn L.; Bonds, Joyce D.; Roddey, Kimberly A.; Adams, Mary C.
Cc:	
Subject:	Nursing Diagnoses in the SOAP format
Attachments:	📄 David W. Watson (UTMB).vcf(549B)

HV Nurse Managers

Our policy no longer calls for or mandates the use of Nursing Diagnoses. Nurses may now use SOP as opposed to the SOAP format. I realize that modern nursing doctrines support and promote the use of NDs. However, I feel that this use of the ND is a given that they be used properly.

I have conducted several chart reviews this week and have seen numerous examples of "Nursing Diagnosis" that were most inappropriate and in some cases nonexistent. Therefore if your staff desires to use ND then they will be **required** to use them properly and will only use NANDA approved Nursing Diagnoses. If they don't know them they may purchase a reference book. If they do not choose to do so then they will refrain from using inappropriate diagnoses or misusing diagnoses.

I would also point out that most text that I am familiar with link approved NDs with approved interventions. I am not at all sure that the interventions listed with said approved NDs would be completely appropriate with our system of interventions.

Misuse of said NDs not only makes nursing lose credibility, but also opens up liability situations. Can you envision for example a nurse on the wittiness stand explaining a ND that was inappropriate or nonexistent? By extension as the chief nursing administrator for this district I am also responsible and accountable.

When using the SOAP format, under (A) for Assessment they may simply restate the subjective complaint or leave this section out of the note altogether if no ND is utilized. I hope it goes without saying that nurses may not use medical diagnoses here. Please share this with your respective staff at the next monthly nursing staff meeting.

David

https://web.../Nursing%20Diagnoses%20in%20the%20SOAP%20format.EML?Cmd=ope   12/30/2005

Fisher, Jacklyn L.

From:	David Watson [davidw@totalzone.com] **Sent:** Sat 10/8/2005 9:32 AM
To:	Mason, Norma F.; Roddey, Kimberly A.; Adams, Mary C.; Wright, Lavina D.; David, Laura D.; Fisher, Jacklyn L.; jbnelson@utmb.edu

Cc:

Subject: C.A.R.S.

Attachments:

For those of you who have not heard of it, the CARS are coming. CARS stands for:

Clinical Acuity Rating System

It is a five point rating system of a patients clinical acuity. Rating of 0 is a healthy patient with little if any difficulty. A rating of 4 is an inpatient who requires 24 hours nursing. This is a little like PUHLES, but less specific. It will not replace PUHLES and Texas Tech does not plan to use it. It is strictly a UTMB effort. The CARS score can be changed at any time with the change in the patient's acuity. There should only be one CARS score for each patient.

UTMB
The University of Texas Medical Branch

Estelle RMF
Nursing Meeting
Friday, February 24, 2006
Monday, February 27, 2006
Presenter: Jackie Fisher, RN, NM

1. **Wheelchairs**
   a. IOC

2. **Mental Health Issues**
   a. Np-Psychiatric Symptoms (HSN-70)
   b. Observation Issues
   c. Refusals

3. **Dialysis**
   a. Walk-ins
   b. SCR
   c. Chain-Ins

4. **ER Records**
   a. EMR Record
   b. Select Recipient
   c. ER Log

5. **Overtime**
   a. Must be Pre-Approved

6. **LifePak CR Plus Defibrillator**
   a. Film
   b. Post Test

UTMB Managed Care/Estelle Unit
Phone 936-4200. 3859
Fax 936-295-4026

To: Ms. Fisher, Nurse Manager

Cc: Mr. Samameh, Practice Manager

From: Pam Smith, CCA Medical Supply ERMF

Date: 01/05/06

Re: Wheelchair tracking and issue

In order to have wheelchairs available when needed, the following policy needs to be followed by all parties.

When a wheelchair is ordered the patient should have a pass made out. An e-mail to me with his name, TDCJ #, date wheelchair order was written and for how long it is written (E.I. 90 days, etc.).   In addition, knowing if pt is large or a more normal size helps determine what size would be best. Will they need leg rests?

All wheelchairs should be returned via SSI or staff to Central Supply whenever the pt leaves permanently. If sent to the hospital for short time, nursing may wish to keep it handy. If it can be kept in a secure place where no one will give it out and it can return to THAT pt there should be no problems. I can also put their name on it and hold in Supply if it is for a short time.

Often, someone finds an unused wheelchair that was not returned to me. If they want to give it to a pt that has had an order written, they need to provide me with the above information as well as the E2M Number on the back of the wheelchair. I will look up whom it was issued to find out if they have left. Remember if a WC that is issued to a pt that will be returning is given to someone else, the returning pt may have to wait until another WC is available. It cannot just be returned to him unless I am notified to change my info.

I maintain a logbook listing all wheelchairs, S/N's and E2m#. When a wheelchair is issued through me, I note the above info on that sheet and mark a calendar

January 5, 2006

when renewal is needed. I will look up the pt and call the appropriate housing for a renewal pass.

It is only with the cooperation of all staff that we can keep wheelchairs available so needs can be taken care of in a timely manner. If I have the correct updated information, I am in a better position to request new wheelchairs.

I/m Also Swapping Chairs Found two on Ear Thurs. Afbnwoon that had dowe that.

2

Correctional Managed Care
NURSING ASSESSMENT PROTOCOL FOR
PSYCHIATRIC SYMPTOMS

Patient Name: TEST, ALEX   TDCJ#: 605   Date: 02/23/2006 15:05   Facility: ESTELLE RMF

Age: 75 Years Race: K Sex: Male

st recent vitals from 02/13/2006: BP: 120 / 80 (Sitting) ; Wt: 300 Lbs.; Height: 72 In.; Pulse: 99 (Sitting) ; Resp: 18 / min; Temp: 97.9 (Oral)

Allergies: PENICILLINS, CARBAPENEM, BETALACTAMS, ASPIRIN-LIKE ANALGESIC, SALICYLATES, INDOCIN

Patient Language:	Name of interpreter, if required:

~~SGR INITIATED?~~		YES
		NO

MENTAL HEALTH PSYCHIATRIC TARGET SYMPTOM
Target Symptoms
Psychotic Symptoms
Delusions
Depressive Symptoms
Depressed Mood
Manic Symptoms
Grandiosity
Anxiety Symptoms
Panic Attacks Or Panic-Like Symptoms
Impulse Control Symptoms
Failure To Resist Aggressive Impulses
Adhd Symptoms
Inattention
Tic Disorder Symptoms
Motor Tics
Organic Symptoms
Disturbance Of Consciousness
Cognitive Disturbances
Alogia
Other, Related Symptoms
Adverse Side-Effects Of Medications
Dyskinesia

NURSING ACTION: If based upon your collection of the above data, a Registered Nurse's professional judgement is required or you have any question about how to proceed, you must consult with a Registered Nurse while the patient is still on site. Otherwise, proceed with protocol.

TREATMENT PLAN:

* Recheck abnormal V/S and report to provider if indicated.

* Refer patient to the Mental Health Services if staff is onsite.
* If no Mental Health Services staff are onsite:
    * If this is non-emergent and there is NO threat to self or others, refer to Mental Health Services the next working day.
    * If there IS a threat to self or others, or patient has deteriorated to level of not functioning appropriately, IMMEDIATELY contact on-call psychiatrist.

IENT INSTRUCTIONS:

* Return to clinic or notify nurse if symptoms worsen.

HSN-70 (1-03)

Date: 02/09/2006 15:03
From: JACKLYN FISHER
To: HIGH SECURITY/SAFPF NURSING GROUP(E); RMF NURSING
GROUP(E);
Subject: overtime/ approval
Re: Administrative

I had hoped not to have to go to this length again this year, but such is not to be the case. **ANY** overtime worked by a nursing supervised employee **MUST** be approved in advance by a nursing supervisor or his/her designee. The only exceptions to this is true emergency and in those cases a supervisor shall be contacted as soon as practical thereafter.
There will be no exceptions to the above. All overtime must be approved by the on-call before working it.
The on-call will be responsible for sending me a notice and justification for the time approved. Any questions, please let me know.

RMF Nurse Staff Meeting
February 24, 2006 - February 27, 2006

Name	employee ID #	Title
WEST, Connie	205330	CNA
INYANG	152564	PCA
Brantley Daphne	65354	LVN
Wendy Moreau	147819	LN
Lela Shaw	135673	LVN
Williamskelly	65344	LVN
Pope Patricia	173000	PCA (Patricia Pope)
B. Jacobs	186851	CMA
W. Harris	179569	CMA
C. Fowler	201442	RN
Mosley	66498	PCA
D. Nesbitt	223933	RN
U. Castro	65717	LVN
R. Proctor	66506	CNA
Anderson	63120	RN
Childs LVN	219150	LVN
Evans	147451	LVN
Moore	179728	LVN
A. Barry	223575	CNA
J. Perry	148416	PCA
Butler	162736	LVN
Smith	152590	PCA
Guitar	206993	RN
A. Shelby	64298	RN
D. Burkhardt	221801	RN
Chukwuiki	065706	LVN
R. Seville	174176	CNA
Cassie	103882	PCA
Kathy Burrow	216758	PCA

Date: 02/13/2006 16:11
From: JACKLYN FISHER
To: RMF NURSING GROUP(E); HIGH SECURITY/SAFPF NURSING GROUP(E);
Subject: Staff meeting
Re: Administrative

Nurse's Staff Meeting for the RMF will be

Friday, February 24 at 0600 am and 0600 am
and
Monday, February 27, at 0600a and 0700a.

Nurses's Staff Meeting for HS/SAFP will be

Monday, February 27, at 1200 noon.

Please Plan to Attend.

UTMB
The University of Texas Medical Branch

Estelle High Security/SAFP
Nursing Meeting
Monday, February 27, 2006
Presenter: Jackie Fisher, RN, NM

1. **Mental Health Issues**
   a. Np-Psychiatric Symptoms (HSN-70)
   b. Observation Issues
   c. Refusals

2. **ER Records**
   a. EMR Record
   b. Select Recipient
   c. ER Log

3. **Overtime**
   a. Must be Pre-Approved

4. **Grievances/Offender Complaints**

5. **Clinic Notes**
   a. SOP Format

6. **LifePak CR Plus Defibrillator**
   a. Film
   b. Post Test
   c. User's checklist-Complete daily on 1st shift.

Correctional Managed Care
NURSING ASSESSMENT PROTOCOL FOR
PSYCHIATRIC SYMPTOMS

Patient Name: TEST, ALEX   TDCJ#: 605   Date: 02/23/2006 15:05   Facility: ESTELLE RMF

Age: 75 Years   Race: K   Sex: Male

st recent vitals from 02/13/2006: BP: 120 / 80 (Sitting) ; Wt: 300 Lbs.; Height: 72 In.; Pulse: 99 (Sitting) ; Resp: 18 / min; Temp: 97.9 (Oral)

Allergies: PENICILLINS, CARBAPENEM, BETALACTAMS, ASPIRIN-LIKE ANALGESIC, SALICYLATES, INDOCIN

Patient Language:	Name of interpreter, if required:

SCR INITIATED?		YES
		NO

MENTAL HEALTH PSYCHIATRIC TARGET SYMPTOM
   Target Symptoms
   Psychotic Symptoms
      Delusions
   Depressive Symptoms
      Depressed Mood
   Manic Symptoms
      Grandiosity
   Anxiety Symptoms
      Panic Attacks Or Panic-Like Symptoms
   Impulse Control Symptoms
      Failure To Resist Aggressive Impulses
   Adhd Symptoms
      Inattention
   Tic Disorder Symptoms
      Motor Tics
   Organic Symptoms
      Disturbance Of Consciousness
      Cognitive Disturbances
         Alogia
   Other, Related Symptoms
      Adverse Side-Effects Of Medications
         Dyskinesia

NURSING ACTION: If based upon your collection of the above data, a Registered Nurse's professional judgement is required or you have any question about how to proceed, you must consult with a Registered Nurse while the patient is still on site. Otherwise, proceed with protocol.

TREATMENT PLAN:

- Recheck abnormal V/S and report to provider if indicated.

- Refer patient to the Mental Health Services if staff is onsite.
- If no Mental Health Services staff are onsite:
   - If this is non-emergent and there is NO threat to self or others, refer to Mental Health Services the next working day.
   - If there IS a threat to self or others, or patient has deteriorated to level of not functioning appropriately, IMMEDIATELY contact on-call psychiatrist.

ENT INSTRUCTIONS:

- Return to clinic or notify nurse if symptoms worsen.

HSN-70 (1-03)

Date: 02/09/2006 15:03
From: JACKLYN FISHER
To: HIGH SECURITY/SAFPF NURSING GROUP(E); RMF NURSING
GROUP(E);
Subject: overtime/ approval
Re: Administrative

I had hoped not to have to go to this length again this year, but such is not to be the case. **ANY** overtime worked by a nursing supervised employee **MUST** be approved in advance by a nursing supervisor or his/her designee. The only exceptions to this is true emergency and in those cases a supervisor shall be contacted as soon as practical thereafter.
There will be no exceptions to the above. All overtime must be approved by the on-call before working it.
The on-call will be responsible for sending me a notice and justification for the time approved. Any questions, please let me know.

UTMB
The University of Texas Medical Branch

Monthly Nursing Staff Meeting
Estelle High Security
Presenter: J. Fisher, RN-Nurse Manager
Date: March 21, 2006

I. Sick Call Process

II. New Employees

III. E-Stub
    a. Email attached
    b. For enrollment, send an EMR email to Amanda Hughes

IV. Breaks
    a. Availability

V. Chain
    a. Incoming—EMR Template
    b. Outgoing—Print pass & Patient summary

VI. Medication Administration
    a. PH codes

VII. Segregation Rounds
    a. QI/QM Audit

Nurse meeting
high security

March 20, 2006

K Britt LVN 219678
B Holland 115645
7. Simmons 205328
M Bluhm 62935

★UTMB
The University of Texas Medical Branch

Monthly Nursing Staff Meeting
Estelle RMF
Presenter: J. Fisher, RN-Nurse Manager
Dates: March 20th & 22nd

I.   Teamwork
    a. Assignments

II. New Employees

III. Charge Nurse/Team Leaders
    a. Roles/Responsibilities
    b. Completion of Daily Assignment Sheets

IV. E-Stub
    a. Email attached
    b. For enrollment, send an EMR email to Amanda Hughes

V.   Geriatric Center Pill Line
    a. Posted times

VI. Medications
    a. Expired meds
    b. Ordered meds

VII. Shift Counts
    a. Accuracy & Accountability
    b. Two signatures

VIII. UR-Admissions
    a. Refusals
    b. Flexibility

E-Stub...

What is it and how does it work?

UTMB offers the E-Stub for all employees who wish to receive their paycheck stub via the Exchange Webmail. We would like to offer this service to you and UTMB CMC is currently working on this E-stub project. To assist you in making your decision to change from a "paper" check-stub to the on-line E-stub, let us answer some questions for you.

Q: What is the E-stub project?

A: Those employees who have payroll direct deposit and an active email address in the UTMB Microsoft Exchange email system will begin to receive their payroll stub via their assigned email address when this project has been completed.

Q: Why is UTMB changing the distribution method of direct deposit payroll information from a printed pay stub to an emailed pay stub? What are the advantages of this new program?

A: This is one of many initiatives by our institution to become as efficient and effective as possible. Examples of savings in time and money would be: less money spent on supplies such as paper, printer cartridges/toner, printers; less time and effort spent on printing and stuffing the check stubs, on sorting the check stubs, and on the distribution processes for both Finance Administration and for departments

Q: How does E-stub benefit me, an employee?

A: Many employees would prefer the convenience and efficiency of electronic storage of their pay information rather than paper. Employees can set up a personal email folder in which they can keep their payroll E-stubs. Bi-Weekly employees who have E-stub will know the details of their pay as early as Thursday morning and monthly employees will know the details of their pay one day (1) prior to the monthly payday (*the deposit will still occur on the actual pay day*). Those employees not on direct deposit will continue to receive their checks on biweekly or monthly payday. If there appears to be a discrepancy, those employees with E-stub will have the opportunity to address the concern and have any necessary correction made to their pay much earlier than those who are not on E-stub.

Q: Will the email pay stub be an attachment to the email?

A: Yes.

Q: When will the emailed pay stub be available to view on my computer?

A: The E-stub will be delivered by Thursday morning of pay week for Biweekly employees and for monthly employees one day prior to the first working day of the month.

PLEASE BE ADVISED THAT DESPITE THE EARLY RECEIPT OF AN E-STUB, YOUR PAY WILL NOT BE AVAILABLE UNTIL THE NORMAL CHECK DATE THAT IS DISPLAYED ON YOUR E-STUB

If you would like to receive your pay via the E-Stub, please send an EMR e-mail to the Practice Manager at your facility by **11/21/05**.

Your request for an E-Stub will be sent to Galveston. We anticipate this project will be implemented by February 2006. Please do not contact the UTMB Payroll Office. This project is being coordinated through UTMB CMC.

Sandy Rader
Human Resources

ERMF Nurse Staff Mtg
March 20 & March 22, 2006

Name	Title	Number
[illegible] Reagan	LVN	219689
Lela Shaw	LVN	135673
B. Jacobs	CMA	186851
INYANG	PCA	152564
Daphne Brantley	LVN	65354
Melissa Franks	LVN	147451
Marianne Anderson	RN	63120
C. Lowder	RN	201452
[illegible]	CMA	179569
David Nevins	PCA	148416
[illegible] M Clung	RN	65169
A. Castro	LVN	65717
J. Burns	PCA	201459
Y. Manuel PCA	PCA	163882
M. Craft PCA	PCA	222097
[illegible] RN	RN	206293
R. Pope	PCA	173000
B. Harney	PCA	171669
M. Collins	RN	223535
[illegible]	LVN	65348
A. _[illegible]_ Jolly	CNA	223675
W. Morman	RN	147819
[illegible]	LVN	065706
S. Moss	LVN	179228
[illegible] Gray	PCA	118120
M. _[illegible]_	PCA	152590
Patty Burrow	PCA	216758
[illegible]	LVN	163726
C. Short	LVN	62034
R. Smith	CNA	174146
Reynolds	LVN	
[illegible]	RN	64898